



Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Telephone 617-973-0949 Fax 617-753-8233

Application for Massachusetts Controlled Substances Registration for Ambulance Services

This Massachusetts Controlled Substances Registration (MCSR) application is for ambulance services to request to carry, handle, store, and dispense controlled substances, including Schedules II, IV, VI, Epinephrine and/or Naloxone. An MCSR is required for each principal place of business, e.g., satellite station or place of garaging. Registrations are site specific.

Additionally, ambulance services can request to carry Ketamine ("Schedule III – Ketamine Only MCSR".) Ketamine is an ALS optional medication, as outlined in the ALS paramedic level medication list (version 2016.1). Ketamine shall only be used as outlined in the Statewide Treatment Protocols (STP.)

Each separate ALS-paramedic service which plans to possess or administer Ketamine must apply for and be granted a Schedule III-Ketamine Only MCSR. A "Schedule III – Ketamine Only MCSR" will authorize a registered ALS-paramedic level ambulance service to carry an amount of Ketamine not to exceed 500 mg per paramedic ambulance (crew, or vehicle, or drug container).

An ALS-paramedic service in possession of an MCSR and is seeking initial approval to carry Schedule III-Ketamine, may use this application (please check appropriate box below) to seek approval to carry Ketamine. This is a separate MCSR, in addition to the service's other MCSR for the broader range of substances.

This initial application may be approved for a period not to exceed the expiration date of the ambulance services' general MCSR. The ALS-paramedic service will request approval to carry all requested substances in one, single application at its next renewal.

Please be sure to:

- Submit completed application form.
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts". If the ALS-paramedic service has a current MCSR and is only applying for Schedule III-Ketamine Only, there is no fee.
- Enclose a copy of the service's hospital affiliation agreement and a copy of the department or service's drug security policies.
- Have the form signed (not initialed) and dated.
- Mail to the address above.

Incomplete applications will be returned causing a delay in issuance of the MCSR(s). Only send copies of supporting documents. Do not send originals as they will not be returned.

For further information, visit: <http://www.mass.gov/dph/dcp>.

Application Type: (Please select one) ☐ New ☐ New- Ketamine-only MCSR ☐ Renewal ☐ Amended Information

In the boxes below enter the requested information.

1) Applicant: (Ambulance Service Name)

2) Ambulance Location: (Applications with a P.O. Box number and no street address cannot be processed.)

Street:

City:

State:

ZIP:

3) Corporate Address:

Street:

City:

State:

ZIP:

16) **If applying for Schedule III-Ketamine-Only MCSR:** Ketamine stored in a registered ALS-paramedic level approved ambulance shall be kept in a separate, clear acrylic container, with numbered seals used as locking devices. The container shall then be stored within a locked bag/box/cabinet. This needs to be a separate container from the regular narcotics box. The locking device may be a plastic numbered seal, combination lock or key lock. The ambulance door or ambulance garage will not be considered as one of the locking devices. Please describe the manner in which Ketamine will be secured in compliance with this requirement. Your department or service's drug security policies should also be updated to describe your Ketamine compliance processes.

17) If applying for Schedule III-Ketamine-Only MCSR: Only those Paramedics who have successfully completed Department-approved training on the applicable STP may carry or administer Ketamine. Has the ALS-paramedic service verified that all Paramedics are appropriately trained to administer Ketamine?

☐ Yes ☐ No

* A "Yes" to Question No. 14) or No. 15) requires a letter of explanation to be attached to this application.

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signed under the pains and penalties of perjury.

Signature of authorized individual _____

Date _____

Print Name: _____

Title: _____

For Office Use Only

Application approved by:

Comments:

Date: